UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR HUMANITARIAN RESPONSE
OFFICE OF PRIVATE AND VOLUNTARY COOPERATION

GUIDE FOR DETAILED IMPLEMENTATION PLANS FOR PVO CHILD SURVIVAL PROGRAMS FY 2000 (CS 16) Programs

OFFICE OF PRIVATE AND VOLUNTARY COOPERATION (PVC)
PVO CHILD SURVIVAL GRANTS PROGRAM
REVISED DECEMBER 2000

Due date for completed Detailed Implementation Plans is on or before March 31, 2001

BHR/PVC is grateful for the many contributions to this document from public health specialists consulted through the Macro International Child Survival Technical Support Project (CSTS), other USAID funded contracts, offices of USAID, and PVOs.

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INTRODUCTION

This "Guide for Detailed Implementation Plans" and the "Technical Reference Materials," are designed to help PVOs develop Detailed Implementation Plans for their PVC-funded child survival programs. The Detailed Implementation Plan (DIP) provides the overall approach and plan of action for the duration of the program, and is developed based on actual data collected from the local setting. The "Guide for Detailed Implementation Plans," (also called the DIP Guidelines), provides a suggested template for the content and organization of the DIP. The Technical Reference Materials (TRMs), a companion document to the DIP Guidelines, briefly describes the important elements of the child survival interventions supported through the PVC PVO Child Survival Program and provides useful reference materials for each intervention. Both documents are intended to enhance the quality of programs by highlighting issues that should be considered when designing a child survival program.

These documents are updated on an annual basis and reissued in November or December of each year. BHR/PVC welcomes suggestions for improving these documents. You may submit your suggestions for improvement (written or oral) during the DIP review meetings or at any time during the year. All feedback is greatly appreciated.

The information provided in a program's DIP should expand upon what was provided in the application that was submitted under the FY 2000 application cycle. The application was a "proposed" program, whereas the DIP is describes how the program will be implemented.

PVOs may change the selection of interventions and implementation strategies from what was proposed in their original agreement application. It is then expected that the PVO's CS program be implemented according to its approved DIP. Any further changes in the program description, such as interventions, site, or beneficiaries must be approved by the PVO's headquarters, USAID/BHR/PVC, and the Agreements Officer.

The DIP Preparation and Review Process

The DIP preparation and review process is intended to enhance the quality of PVO child survival programs. Specifically, the process serves several purposes, including the following:

- to collect baseline quantitative and qualitative data to inform program strategies
- to create a shared vision among all program partners
- to revise, if necessary, and refine program goals, objectives, and indicators
- to strategize on major interventions
- to plan critical project tasks and activities
- to clarify roles and responsibilities of implementing groups
- to prioritize activities for the life of the program (LOP)

Generally, the field office of the PVO and its local partners develop the DIP collaboratively at the field level. Many PVOs have found that implementing a "planning workshop" with the appropriate stakeholders greatly facilitates the "buy-in" of those groups into the goals and

objectives of the program. The workshop is an opportunity to review the findings of baseline surveys and develop key sections of the DIP.

Many PVOs translate and distribute copies of the DIP (or key parts of the DIP) to all partners and staff members involved in project implementation. The DIP serves as a "common road map" to guide the program towards achieving its goals and objectives.

The DIP Review Process

After receiving the DIP, USAID will schedule meetings with representatives of the PVO, BHR/PVC and other technical experts to review the strengths and weaknesses of the DIP, and to make recommendations for improvements. The DIP review meetings are normally held in June, around the time of the Global Health Council meeting. Each DIP is discussed at a three-hour review meeting. BHR/PVC invites several types of participants to the meeting, including PVO staff, technical reviewers (from USAID, CSTS, CAs, consultants, PVOs, etc) and PVO peer reviewers. If there are specific people that your PVO would like to invite to review the DIP and/or to attend the DIP review meeting, please notify PVC and we will try to accommodate your request.

The agenda follows the outline below:

- Introduction
- Presentation by the PVO
- Discussion of the DIP by section, including clarifications, comments and suggestions.
- Summary of Issues and Agreements

The BHR/PVC DIP review is not an evaluation of the PVO's program, as all DIPs are for already funded programs. It is a unique opportunity to dialogue, share ideas and concerns about the project, as well as request specific assistance. PVC encourages PVOs to be proactive in the meeting by asking for clarifications and more information when necessary. Many PVOs meet with technical experts after the meeting itself, and have found it useful to schedule time the day after the DIP meeting to meet with CSTS, and other technical reviewers.
After the meeting, each PVO will receive a tape recording of the session and hard copies of the written comments. BHR/PVC will send a letter to the PVO stating DIP approval, summarizing the main points, if any, to be addressed by the PVO, as well as when additions/modifications should be made. Upon returning to the field, it is hoped that the results of the DIP review will be shared with the field staff and partners to provide feedback to those involved in the program and its planning process.

SUBMISSION INSTRUCTIONS

1. Please complete your DIP by following the outline provided in Sections I-III of these DIP Guidelines. Keep the following points in mind as you complete the DIP.

   - The DIP is a **stand-alone** document. It should describe your program to the reader without having to refer to the original Grant Proposal.

   - Please limit annexes to those essential to understand the program.

   - Please use a 12 point font.

   - If a topic in the DIP Guidelines does not apply to your program, please indicate this in your DIP. If your program has not yet obtained sufficient information to fully describe an element, then please indicate when and how you plan to obtain this information.

   - Please include **other relevant aspects** of your program that may not be covered in the DIP Guidelines. Please include enough detail so that the intervention is clear. This will enable reviewers to provide meaningful feedback.

   - The DIP Guidelines attempt to consolidate **cross-cutting issues**, but some redundancy is inevitable given the interrelated nature of the interventions. You may reference other sections of the DIP instead of repeating the same information in several different sections.

2. On your DIP cover page please include the following: Name of PVO, program location (country/district), cooperative agreement number, program beginning and end dates, date of DIP submission, and (on the cover or on the next page) the names and positions of all those involved in writing and editing the DIP.

3. Complete the CSGP Data Entry Form: The online Entry/Update form found at childsurvival.com (under projects.dipform).
   http://www.childsurvival.com/projects/dipform/login.cfm.
   This form replaces the "Field Program Summary." You will need a password to access the data form. To receive your password, please call CSTS, David Cantor at 301-572-0978.

4. The DIP for each CS-16 field program is due at BHR/PVC on or before March 31, 2001. PVC suggests that programs allow sufficient time for field work, writing, and editing. Failure to submit a DIP on time to BHR/PVC could result in a material failure, as described in 22 CFR 226.61. If there are circumstances beyond your control that have had an impact on the ability to complete the DIP on time, contact BHR/PVC as soon as possible.

5. Send BHR/PVC the original and two (2) copies of each field program DIP and one diskette of the DIP in Microsoft Word. The original DIP should be one-sided and unbound. The two copies of the DIP should be double-sided, and bound separately. DIP annexes which are available to you only in hard copy and not on disk may be excluded from the version submitted on diskette.

6. Send CSTS a one-sided unbound copy, and an electronic copy (by email or diskette). If you have CATCH data, please send the complete records for each CATCH indicator to CSTS.

7. Send one copy of the DIP to the concerned USAID Mission.

SECTION 1: PROGRAM DESCRIPTION

A. Executive Summary

The Child Survival Grants Program uses the Executive Summary from each program as an informational document to provide an overall view of the program. You may need to update the Executive Summary from your application. In order to properly represent your program, the following bullets provide guidance in describing your program. Please limit the summary to two pages.

- Program location
- Problem statement
- Estimated number of beneficiaries (broken down by children under five and women of reproductive age)
- Program goals, objectives and major strategies
- Breakdown of estimated level of effort for each intervention
- Local partners involved in implementation
- The program category (e.g. entry, new etc)
- Start and end dates
- Level of funding
- Name and position of local USAID mission representative
- Main authors of document
- Contact person at PVO for proposed program

B. CSGP Data Form

Please print out a copy of the completed on-line form and place it after the executive summary. See the Instruction section for details on how to complete the form on-line.

C. Description of DIP Preparation Process

Briefly describe the steps taken to prepare this DIP. Include: a list of the staff, partners and various stakeholders who participated in planning, the methods used, the number of days spent on DIP preparation, and planned follow-up.

D. Program Site Information

This information expands on that provided in the application submitted in December 1999. It should present the major constraints to child health and survival in the program area.

- Include a legible map showing the location of the program impact area(s) relative to other regions of the country, and the program area itself. To the extent possible, label towns, existing hospitals, health centers, clinics, and/or health posts.

- State the estimated total population living in the project site. What are the totals of target beneficiaries? (i.e. number of infants, 0-59 month old children, women 15-49 year old). Estimate the number of births to occur during the life of the project.

- Discuss the health status of the population including under-five and maternal mortality rates, nutritional status and major causes of mortality and morbidity. Please cite sources of data.

- Describe other factors that influence health. This may include, but not limited to:
    1. Economic characteristics of the population such as: the general economy of the community and the nature and location of family members' work.
    2. Social characteristics such as: religion, different ethnic groups, female literacy, the status of women
    3. Practices regarding the care of infants, including which family members commonly take care of infants and children.
    4. Any potential geographic, economic, political, educational, and cultural constraints to child survival activities which are unique to this location.

- Discuss the current status of health care services in the site, including existing services (i.e. those of your PVO, other U.S. PVOs, the MOH, local NGOs, the private commercial sector, and traditional health providers), where people currently seek care, the current level of access, and barriers to access (e.g. cost for services, distance to facilities, and transportation). If more detailed information is needed for a specific intervention, you may descibe this in the intervention section.

- Identify any groups in the program site that you consider disadvantaged, at high risk of death, under-served or living in extreme poverty.

- Describe the changes made in the DIP from application, if applicable. If there are changes in the program description, budget, site, additions or deletions of CS interventions, please state these changes and describe the rationale for any changes between the cooperative agreement program description and those discussed in the DIP.

E. Summary of Baseline and other Assessments

- Briefly describe the types and methodology of baseline assessments conducted by the project, both qualitative and quantitative. Include a discussion of the sampling technique, and interview process of the baseline assessments.

- Summarize the findings of baseline assessments in this section, and/or in other sections of the DIP, as you see fit. Describe any differences between the population proposed in original application and the population now used for this DIP. Include the baseline survey report(s) in an ANNEX to the DIP.

- The CORE Monitoring and Evaluation Working Group (MEWG) strongly suggests that PVOs include all the **Rapid CATCH** (Core Assessment Tool on Child Health) questions in their population level baseline survey. The Rapid CATCH contains 26 questions from the KPC2000+ modules, relates to intended beneficiary-level results of child survival projects and provides a snapshot of the target population in terms of child health.

  The Rapid CATCH has an accompanying Tabulation Plan, which lists priority child health indicators and provides instructions on calculating these indicators. The CORE M&E Working Group strongly suggests that all CS projects report on these core indicators, which provide critical information on household behaviors and care-seeking patterns that affect the health and survival of children worldwide. If available, please include a diskette with any computerized data for your program area from the Rapid CATCH. The KPC 2000+ which includes the Rapid CATCH is available on line at <http://www.childsurvival.com/kpc2000/kpc2000.cfm>."

- Send the Rapid CATCH data electronically to CSTS (all records for each indicator) (csts@macroint.com) and include a paper copy in an annex to the DIP with the average value for each indicator.

F. Program Design

- Describe the broad program approach, including the goal, results-based objectives, and major strategies that will best address the constraints described in the Program Site Information Section . You do not have to discuss indicators here, but include them in the M&E section.

- Describe approaches to increasing equitable access to and use of services by under-served and disadvantaged groups and segments of the population, including gender inequalities.

- Discuss the relationship this program will have with other existing, or future health-related activities and/or health facilities in the proposed program area, including those of your own PVO, other PVOs, networks or associations of NGOs, local organizations,

private commercial and traditional providers, and the government.

- Describe innovations, new methods, strategies, or materials to be developed or adopted by the proposed program that may be applicable on a wider scale or beneficial in other areas or programs.

- Describe how the program will integrate interventions.

- Discuss any operations research activities the project will to undertake.

- Describe the process undertaken to select and involve relevant in-country organizations in the design and implementation of the program. This section should briefly describe all in country partners that are collaborating with the program.

- Briefly describe the roles of major partners and how the roles and responsibilities will be maintained**.** Attach in an annex a copy of the jointly developed and signed agreements, which clearly delineate the roles and responsibilities.

- Describe the particular challenges program implementation will face at the international organizational level, country level, and specific project level. Describe your plans for addressing these challenges.

G. Capacity-Building

The capacity building section of the DIP should the programs approach to capacity building. This should include, but is not limited to, the PVO itself, the local partner(s), and or the community. The DIP should specify the levels at which capacity will be built, and the areas in which capacity will be built. The capacity building approach should support the overall goal of the program and the sustainability objectives outlined in the next section. See the Technical Reference Materials for information and resources on tools and approaches to capacity building.

Strengthening the PVO

- Describe the objectives and planned activities related to how this specific child survival grant will build the capacity of the PVO grantee organization. Discuss the level(s) of the organization that will be targeted (e.g. health unit at headquarters, the PVO local office staff, other programs of the PVO, the entire organization), and the areas of capacity that will be enhanced.

- Describe any processes you have used to collect the baseline capacity data on which you have based these objectives and activities.

- Explain how lessons learned from this program will be shared with other programs implemented by the PVO and with the larger international health community.

- In the M&E Section, include specific indicators for PVO Capacity Development, and discuss your plans for monitoring and evaluating progress toward the capacity building objectives you've identified.

Strengthening the Local Partner(s)

- Describe each partner's current capacity as it relates to its role in the program and achieving program objectives including available resources (human, material and financial) and managerial ability.

- Identify those local partners on which the program's capacity strengthening activities will be focused and the rationale for choosing these partners. (Note: a program may have multiple partners but choose not to build the capacity in each of those partners).

- Describe the program's objectives and planned activities for building the capacity of its local partner(s) during the program. Include the level of the organization that will be affected and the areas of capacity that will be enhanced. Attach a jointly developed capacity building plan in an Annex.

- In the M&E Section, be sure to include specific capacity indicators, and a discussion of how local partner capacity will be monitored and evaluated over the LOP.

Community Capacity/ Other Community Organizations

- Discuss any objectives and activities targeted to building community capacity or the capacity of community organizations, such as local women's groups, local associations, groups of traditional healers, etc. Describe how the groups' capacity to contribute to household level results will be strengthened.

- Discuss the program's rationale for targeting these specific groups for capacity strengthening.

- In the M&E section, be sure to include specific indicators.

H. Training

- Describe the overall training plan for the program. Discuss the topics, content, methods and duration of training; specify who will be trained, number of trainees, who will be trainers, and length of training (i.e. 240 CHWs for 10 days, in groups of 24, by 2 trainers plus 1 MOH, 1 PVO and 1 partner trainer).

- Describe how the program will monitor and evaluate the effectiveness and impact of the training (e.g., performance-based training, on-going supervision, refresher courses, and

training follow-up). In the M&E section, be sure to include any indicators of training effectiveness.

- ❑ Identify the principal documents used to develop the content of health worker training. Identify the organization(s) that produced the reference, and the year of publication.

I. Sustainability

Some of the discussion points may not be relevant to your program. Please indicate so in your DIP and explain why.

- ❑ State what 'sustainability' means from the perspective of your program and organizations involved.

- ❑ Identify the elements of the program that are to be sustained. This may include, but is not limited to, the following:
  - how the community structures created or reinforced through the program will continue to function after its completion
  - how end-of-project levels of coverage will be maintained, where appropriate
  - how local decision-making systems, which will be institutionalized post-project funding.
  - how increased capacities in local partners and the PVO will be maintained

- ❑ State your sustainability objectives. Describe strategies that will be employed to ensure that program interventions/benefits to the main/target beneficiaries will be sustained after the end of the agreement. In particular describe how your capacity building and training plans support and lead towards sustainability

- ❑ Discuss the PVO's devolution (or phase-out) strategy for transitioning to other funding or transferring activities to a local partner. Specifically:

  - Describe the current as well as potential sources of support for the program. Include all types of contributions such as in-kind, other donors, MOH support, and on-going PVO support.

  - Describe recurrent vs. non-recurrent costs and how recurrent costs will be determined and maintained after the end of program funding. Discuss how the resource levels are selected.

  - Describe any strategies for diversification of funding, cost recovery through the sale of products and user fees, cross subsidies, or accessing an endowment fund.

- ❑ Discuss the assumptions and constraints (e.g. general health trends, national economic trends, local political factors, and cultural factors) upon which your sustainability strategy is built.

- Be sure to describe how you will measure/monitor the sustainability of the program, and include all sustainability indicators in the M&E section.

- If applicable, address issues of "scaling-up" and "uptake" that are relevant to your project:

    - Describe how the PVO or other actors might broaden the benefits of the program to a larger population. Discuss the role the program will play in facilitating or influencing the "scale-up" by the PVO, the government or other organizations.

    - Describe how innovations brought on by your PVO in the country or region will be shared with other organizations, and how they might be adopted in other zones of intervention by your PVO or another organization.

J. Behavior Change Strategies

- Discuss the approach the program used and will use to determine behavior change strategies.

- Describe and overarching techniques the program will use to affect behavior change (e.g. community health workers). In Section III you will go into more detail on specific behavior change activities.

SECTION 2: PROGRAM MANAGEMENT

The program management section of the DIP provides an overall discussion of the how the program will be managed. It describes the management support systems that will be in place to ensure that the program design can be effectively implemented.

A. Overall Management

- Update the organizational chart that was provided in the application. Define the relationships between the types of organizations, and committees, and lines of communication and decision-making processes.

- Provide an overall discussion of how the program will be managed, at HQ, within the field program, and with partners at all levels. Discuss the style of management as it relates to the local culture and structure. For example, in some cultures "open management" may not be accepted by a team.

B. Human Resources

- For ALL staff contributing to the goals of the program. (including PVO staff (local and headquarters), MOH and NGO health workers, their supervisors, and all other personnel involved in the delivery of program-related child survival services):
    1) list the type and number of health worker (e.g., nurses, community health workers, traditional birth attendants, program coordinator, headquarter backstop),
    2) identify their current organizational affiliation (or note that the staff are to be recruited in the future),
    3) identify whether they are paid or volunteer,
    4) list their main duties, and
    5) estimate their time devoted to child survival activities.

- For community health workers, estimate the number of health workers per number of families or beneficiaries.

- Include the resumes/CVs of key PVO headquarters and in-country program staff in an annex, if these have changed from the application. Name the individual(s) from the U.S. PVO responsible for technical backstopping of this program. Discuss backstopping responsibilities, including how many site visits will be made each year, how long, and and monitoring tools the organization may use.

- Briefly describe the qualifications and experience of key PVO headquarters, country, and program site staff with regard to each of the program's child survival interventions.
- Describe how the program will ensure that staff responsible for project implementation at all levels (e.g. PVO and local partners) receive sufficient training and supervision to carry out their work.

C. Technical Assistance Plan

- Provide your plan for technical assistance for the life of the program to support areas requiring development.

- Identify the planned sources of technical assistance for specific interventions or other components of the program.

D. Financial Management

- Describe how financial management will be handled under the project. Include how funds will be transferred to the field from headquarters, who will dispurse funds (the PVO or the local partner or both) and how will expenses be tracked (as put in the application).

E. Logistical Management

- Describe your logistical management plan, which includes a brief description of your procurement system, the major child survival supplies required and their sources.

- Describe logistical challenges or foreseeable weak links in the plan. Discuss contingency plans for such items.

F. Monitoring and Evaluation

F.1. Program Goals and Objectives

- Summarize the proposed program's **goal**, results-based **objective**(s) and major **activities**. These should be the same as already discussed in the narrative of earlier sections. Include **indicator**(s) for measuring the achievement of each objective. You may use a matrix or other graphic to present the information. If your PVO has standardized on a particular approach, such as a logical framework or a results framework, please use your organization's preferred format. At the end of these guidelines, we have included examples of matrices for your reference. These include:

    a) Sample Matrix of Program Objectives as they relate to Results and Intermediate Results and Worksheet of Activities by Stakeholder Level
    b) Sample Matrix of Objectives, Indicators and Measurement methods and Activities

    The graphic should provide the reader with a concise summary of the proposed program, what the program will hold itself accountable to achieve and how the program will measure these outcomes and impact.

F.2. Program Monitoring and Evaluation Plan

- Describe the organizational approach to monitoring and evaluation. For example: Is the PVO or program committed to the use of special tools, or techniques, (such as PRA, PLA, other participatory methods, LQAS, QA, others)?

- Describe the monitoring and evaluation plan for the program, including the type(s) of system(s) (i.e. a census-based system, existing MOH system, periodic sample survey system, other).

- Describe the current information system in the community and how/if the project's HIS will differ. Describe points of overlapping data and how data will be integrated. Discuss how facility-based data will be combined with community-based data.

- Describe the monitoring tools which will be used, the tools developed by the project (if any), who will develop the tools, and who will field test the tools and produce them.

- Describe how the data will be collected by including the following descriptions:

    a) Sources of data, e.g. facility-based records, household surveys, rosters, etc.
    b) Process to determine the population denominator and how eligible women, children and newborns will enter and participate in the program.
    c) Frequency of data collection.
    d) Data collectors: specify who will be the front-line data collector, the ratio of data collectors to households and the estimated number of hours per week spent collecting data.
    e) Indicate how program staff (including that of PVO and partners), and beneficiaries will participate in data collection.

- Describe how the data collection process will be supervised to ensure data quality.

- Describe how and by whom data will be analyzed and used to monitor program progress, improve program processes, and improve program performance. Describe how the results will be shared and used with the stakeholders and partners (e.g. District level health officials, MOH authorities, PVO home office and the larger PVO community). Specify how results may be used for advocacy in country or internationally. Discuss how the community/beneficiaries will use the data.

- Describe the data management system for the program. What data (if any) will be computerized? What data will be paper-based? What assistance will the program require?

- For programs that strengthen health worker performance, describe the methods that will be **used to monitor and improve the performance of health workers** and the quality and coverage of intervention activities (including those carried out in cooperation with other organizations). Discuss the project's plans for on-going assessments of essential knowledge, skills, practices, and supplies/drugs/equipment of health workers and facilities associated with the project, and use of findings to improve the quality of

services.

- Describe **the tools to be used by the project to promote quality of service** (such as: guidelines, training curricula and manuals, protocols, algorithms, performance standards, and supervisory checklists, etc), and briefly describe how these tools will be used to assess and improve performance.

- Describe how M&E skills of local staff and partners will be strengthened.

- Describe what aspects of **the** M&E system may be sustained by the community after the project is completed.

F.3. Evaluation Plan:

- Propose a plan for the program mid-term and final evaluations. Once the plan is approved with your DIP, this will be the program's evaluation plan.
    a) Review the BHR/PVC guidelines for mid-term and final evaluations (available online at http://www.usaid.gov/hum_response/pvc/child.html) and suggest any additions/modifications to the guidelines that you think would result in a more accurate evaluation of your program. If you would like to propose changes, summarize the changes in this section and attach the revised guidelines in the annex.
    b) Propose the month you would like to carry out the evaluations, taking into account conditions in country (e.g. seasons) and the program timeline.

G. Budget (<u>Only</u> if changed from the cooperative agreement)

- If there have been changes in the program's site, selection of interventions, number of beneficiaries, international training costs, international travel, indirect cost elements, or the procurement plan that have budget implications, include a revised budget with your DIP. The revised budget is to be submitted on revised forms 424 and 424A with supporting information on all cost changes.

- If there have been no changes, do not submit a revised budget.

H. Work plan

- Complete a work plan for the life of the program. Provide a detailed plan for the first two (2) years of the program and broad-stroke workplan for the remaining three (3) years.

- Include a calendar of major activities, annual benchmarks toward results/achievements, and indicate responsibilities among field, headquarters, and partners personnel.

- Delineate those activities/interventions or sites that will be phased-in or phased-out.

- Describe the role of the partners in developing the workplan.

SECTION 3: DETAILED PLANS BY INTERVENTION

Include a **separate section for each USAID-funded child survival intervention** that the program will implement or support. Please address the issues in the intervention-specific sections of this guide (refer to the Child Survival Checklist and the Technical Reference Materials (TRMs) for more detailed technical guidelines), which include:

Immunization
Nutrition and Micronutrients
Breastfeeding Promotion
Control of Diarrheal Disease
Pneumonia Case Management
Control of Malaria
Maternal and Newborn Care
Child Spacing
STI/HIV/AIDS Prevention and Care
Integrated Child Survival Programs and IMCI *

- For each intervention address generic areas below. Use the TRMs as a reference to guide the specifics per intervention.

- If an issue for a particular intervention is not relevant to the program, explain why.

- If the program has not yet obtained sufficient information to answer a question, indicate when and how you plan to obtain this information.

* **For IMCI only** , use the intervention specific guidelines rather than the generic questions.

For each intervention address the following issues as they apply:

1. Current Status/Coverage/Prevalence

- Give the most up-to-date coverage estimates in your service area relevant to the intervention. Use intervention specific statistics (i.g. include DPT drop-out rate for EPI).
- Identify the source and year of these estimates.
- Compare your data with the most recent data available for the district, or with national coverage levels.
- Describe the seasonality of intervention-related morbidity and mortality in the program area.
- Provide the most recent disease surveillance data available for the program area, and discuss the likely completeness of reporting.
- Describe any outbreaks of diseases that occurred in or near to the program area within the last two years.
- Estimate the percentage of the target population, which currently has adequate access to treatment, or identify those areas/groups, which do not have adequate access.
- Discuss travel time, costs, and other constraining factors that influence access.
- Define the level of access that is necessary in order for caretakers to promptly seek and use case management services.

2. Cause, Current Beliefs, Knowledge and Practices and Care-seeking behavior

- Discuss immediate and underlying causes that you believe are important factors to this health problem.
- Describe current knowledge and practices of mothers and families and other influences.
- Describe reasons for the practices discussed above, including cultural beliefs of mothers and other family members.
- Discuss the current attitudes and beliefs of program staff regarding this child survival intervention.
- List the local words used for severe and non-severe illness that may influence decisions in treatment seeking behavior.
- If applicable, describe the knowledge and practices regarding preventing the illness.
- Discuss how the illness is managed in the home, including traditional practices for the treatment of episodes.
- Describe care-seeking behavior: if signs of the illness are reccognized and considered important enough to seek care, who decides if care should be sought, where caregivers take their children when they suspect illness (to a health facility, a registered pharmacy, a community health worker, or a private clinician, drug seller, or traditional healer).
- Discuss any gender differences for care seeking and care giving behaviors.
- List the most important social, economic, and/or cultural barriers to the management

and prevention of this illness in your area.

3. MOH Policies/Strategies and/or Case Management Policies/ Current Services

- Describe the MOH strategy standard treatments guidelines, and or/protocols and policies relevant to the intervention.
- Describe the MOH policies related to the overlapping presentation of disases (i.e.malaria and pneumonia).
- Attach particular schedules or protocols or national standards.
- Include details on any MOH policies that differ from WHO/UNICEF guidelines, and why they differ (ie. new vaccines such as Hep B or Hib).
- If the program protocol is different from MOH policy, describe the differences and if your protocol is acceptable to the MOH.
- If your program plans to influence MOH policy, describe how it will be done.
- Include any additional information on current services in the program area that are relevant to your work and not described under Program Site Information Section, including in-patient and out-patient care.
- Discuss the overall quality of existing services including client-patient interaction, standard case management, availability of drugs.
- Discuss the types of providers (such as doctors, nurses, other paid health workers, volunteers, drug sellers, traditional healers, etc) who are allowed to give antibiotics.
- Discuss ARI (or IMCI) training programs and materials that are available for these types of health workers.
- Describe the training and supervision providers receive.
- Describe the case management knowledge and practices of current providers in the program area. Include health workers ability to distinguish between the types of illness and its severity.

4. Program Approach

In the Program Approach section of the DIP you will describe in detail your approach to the intervention. You may reference other sections of the DIP.

- State the target group for the intervention.
- Describe in detail the intervention approach. Include what you will do, who will do it and how it will be done. Include activities at all levels (e.g. indivual, family, community, facility, district and national)
- Describe how the program will coordinate the particular interventions with existing activities in the area and with other MCH activities (such as immunization, maternal care, IMCI).
- Describe what (if anything) the program will do to increase the level of access. Relate this to the earlier discussion of the current level of access.
- Describe the program's protocol for the case management at all levels. (if different from the MOH).
- Describe your plans for improving and monitoring the case management practices of

each type of health provider associated with the program, including your plans for training and supervision.

- Describe which training curriculum/materials will be used (PVO-designed, or that of another agency or MOH).
- Describe how the program will relate to referral facilities to improve the quality of services.
- Describe the access to treatment for severe cases at health facilities, and plans to insure referral of severe cases by health workers. Describe how workers will determine the feasibility of referrals, determine whether families will promptly seek care from a referral facility, and what to do when referral is not feasible.
- Briefly describe or attach the program's protocol for follow-up of cases under treatment.
- Describe strategies that will be used, if any, to improve the practices of drug retailers and traditional healers. Include how the program will ensure that shops sell appropriate drugs, proper dosages, and full courses of treatment.
- Describe the pattern of drug resistance in the program area and whether alternate drugs are available and affordable.
- How will you determine whether treatment was successful, define a treatment failure, and how will you manage cases of treatment failure?
- Discuss if the program will teach caretakers how to treat a particular illness with over-the-counter drugs or train storekeepers in treatment (i.e. malaria).

5. Behavioral Change Communication

- For each desired health outcome, describe the following:
  A. Who your target audience is
  B. What behavior they will be asked to carry out
  C. Major factors that influence the behavior, and
  D. Activities that will be carried out to facilite the behavior

  Please see the Technical Reference Materials section on Behavior Change for an example of the above.

- Describe how information regarding local beliefs, practices, and vocabulary related to case illness recognition and care seeking will be used by the program.

6. Availability of drugs, vaccines, micro-nutrients, equipment, etc…

- What commodities are essential to the success of the intervention?
- Discuss how reliable the supply of essential commodities is now and how the supply will be ensured during the life of the program, including the source from which the program will obtain supplies (such as antibiotics, vaccines, or micronutrients, etc.).
- Discuss likely constraints to the success of your "supply" activities and approaches to overcome these constraints.
- Discuss how the supply will be sustained after the end of the program.
- Describe how the quality of supplies will be monitored (e.g. cold chain maintenance).

- Discuss how the program will ensure safety (i.e.disposal of syringes and sharps, mis-use of antibiotics, safe use of insecticides for redipping nets).

7. New, innovative activities or strategies

- Describe any new or innovative approaches, activities or strategies to increase coverage, reach the under-served, involve the community to increase coverage, or improve health status.
- Discuss activities that are new approaches for your organization.

8. Other

See the following **additional** issues per intervention to be addressed in order to supplement the information above with more intervention specifics.

IMMUNIZATION

Vitamin A (optional)
If you are incorporating Vitamin A into the immunization program, describe the current situation in the program area and the proposed approach to incorporate vitamin A supplementation into the immunization program.

Involvement in Polio Eradication Efforts (optional)
Describe any involvement of the program in national or district polio eradication efforts, or in national immunization days.

Six Plus (optional)
If you plan to introduce additional immunizations to the standard six, describe how it will be promoted and included in the program.

Surveillance (optional)
If the program will participate in EPI disease surveillance activities, identify the vaccine preventable diseases that will be under surveillance. Describe the process for identifying, reporting, and following-up suspected cases.

NUTRITION AND MICRONUTRIENTS

Respond only to the components included in the program.

Breastfeeding
- If the program will promote LAM, describe how it will be integrated into other modern birth spacing activities
- Describe your approach to breastfeeding in a high AIDS/HIV area.

Maternal Nutrition
- If you will promote dietary intake, describe the methods to increase consumption among pregnant women and how it will be monitored.
- If you plan to provide micronutrients or anthelminthics to pregnant women, describe the dosage to be provided.

Other
- If the PVO or other organization will provide supplementary foods (other than micronutrients) as a complement to the Child Survival activities, identify the food source, describe the activities planned, and explain how the CS program will relate to the food aid program.
- If you will implement the Hearth approach to nutrition, describe the process you plan to use to initiate activities.
- If you will promote home gardens as part of nutrition activities, describe the activities, the purpose of these activities, the foods that will be grown, the educational techniques the program will use, and PVO inputs for gardening supplies and agricultural expertise.

State which family members will be involved in the activity, and what are possible family time and resource constraints to participation.

CONTROL OF DIARRHEAL DISEASE

- In the MOH practices section, be sure to include protocols for the management of acute watery diarrhea, dysentery and persistent diarrhea in children, recommended home fluids, and any policy on the use of Vitamin A for children with diarrhea.

- Include a brief description of current water supply and sanitation activities in the program area (construction of water supply or waste disposal systems are beyond the scope of the CSGP but may be funded by PVO matching funds).

PNEUMONIA CASE MANAGEMENT

- For programs with data available, state the rate of treatment for childhood pneumonia in your area over the last year. (Number of episodes of pneumonia or severe pneumonia treated with antibiotics by health providers with whom the program is working, per newborn, infants and children.) Refer to KPC data to verify your estimation.

- If applicable, describe how each type of health provider will address the overlap in the signs of malaria and pneumonia. Which drugs will be used for children with pneumonia who also have a fever, and for children without pneumonia who have a fever?

CONTROL OF MALARIA

PVOs implementing a malaria intervention may include any or all approaches to malaria control (malaria case management, antenatal prevention and treatment, and insecticide-treated mosquito nets) in their programs.

Antenatal Prevention and Treatment

Include the Status of malaria in pregnancy in your program area:

- Based on information from local hospitals, antenatal clinics, or from community surveys, describe the proportion of pregnant woman are infected with malaria, the proportion that are anemic, and how common complications of malaria are in pregnancy.
- Describe the current MOH policy on antenatal treatment and prophylaxis (i.e.malaria).

Insecticide-Treated Mosquito Nets

Demand and appropriate use

- Describe what is known about current use of untreated nets, including the proportion of houses with nets, who in the household uses nets, and seasonal patterns of net usage. Describe what is known about acceptability of insecticide treatment and re-treatment of nets.

- Discuss how the mosquito net program will reach children under five years of age.

Access and affordability

- Describe the planned purchase, distribution, and re-treatment of the mosquito nets. Include insecticide, dosage, and frequency of re-treatment.
- Discuss local institutions that will be involved in implementing and sustaining the intervention.
- Describe how you ensure the safe use of insecticide for retreatment.

MATERNAL AND NEWBORN CARE

Current Services

- Describe the birth attendants in the program area and approximately how many births per year are attended by each type: skilled provider (nurse, midwife, or physician); trained traditional birth attendant; untrained traditional birth attendant; husband or other family member; self or other (specify). State the percentage of births in the home.
- Describe the current EOC capability.

Program Approach

- Describe the components of the training program for obstetric first aid
- Describe the materials (e.g. TBA kit) personnel will receive
- Describe how will the birth attendant handle a complication or emergency.
- Describe how, when and by whom the program will identify and address post-partum problems.
- Describe the training for post-partum and newborn care in the first day, forty-eight hours, first week and first month that the birth attendant or community health worker will be trained to provide.
- Describe the transportation system to a BEOC and how the program will address it.

CHILD SPACING

Approach

Describe how the following family planning activities will be implemented by the program:

(a) *Client identification* - identifying men and women who desire family planning services. Describe who will do the identification, how they will be trained, and what will be the next step for the couple, once identified.

(b) *Commodity Management* - distributing family planning commodities. Describe what commodities will be made available, how they will be distributed, at what cost they will be made available to users, how the procurement of the contraceptives by the couple will be guaranteed over time, and how a constant supply of family planning commodities will be maintained.

c) *Linkages* - describe how child spacing activities will be linked to government family planning policies and programs, and other nongovernmental groups providing FP services and; to pre- and post-natal services

STI/HIV/AIDS PREVENTION

- Describe the key factors that facilitate, or could facilitate, the spread of HIV infection.
- Describe any programs and/or policies that address mother to child transmission of HIV.
- If negative community perceptions are anticipated, describe your de-stigmatization strategic plans.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

1. MOH strategies, activities, and training materials

Please describe in detail, or attach, the IMCI strategy of the MOH. Include:

- the elements of the case management/health facility staff skills component of IMCI (case management for diarrhea, ARI, malaria, etc.) which are part of the national strategy
- the protocols, specifically for sick newborns
- the elements of the health systems strengthening component, and of the family and community practices component, which are part of the MOH IMCI strategy

Describe at what stage in the process of adaptation and implementation of IMCI is the MOH's national IMCI effort. Include:

- IMCI-related activities that have been conducted in the child survival program site to date (including staff training)
- the MOH schedule for IMCI implementation in the program site over the next three years
- the supervisory support systems.
- the IMCI training and other materials that the MOH is using for each component of IMCI.

2. Role of the child survival program in IMCI

Please describe in detail the role of the child survival program in the IMCI, and the relationship between the program and MOH IMCI activities in the program area. Include:

- elements of the case management/health facility staff skills component of IMCI (case management for diarrhea, ARI, malaria, etc.) which the child survival program will support
- elements of the health systems strengthening component, and of the family and community practices component, which the child survival program will be involved with
- the process of defining and introducing "community IMCI" in the project area
- the agreement between the PVO/child survival program and the MOH/district health office in terms of the roles and responsibilities of the program with regard to IMCI.

3. Specific components of the child survival program's IMCI strategy

For each component of IMCI which the child survival program will implement or support, please address the issues in the relevant sections of this document in your DIP. (For example, if your IMCI strategy includes ARI, then please address the issues of the "Pneumonia Case Management" section of this document in your DIP, and do the same with regard to diarrhea/CDD, malaria case management, insecticide treated bednets, etc.).

If your IMCI strategy includes any component that is not covered in these guidelines within the strategy, describe your plans for implementation.

SECTION IV: GUIDELINES TO ANNEXES

1. Response to Final Evaluation Recommendations (if applicable): If this is a DIP for a cost extension, and a final evaluation has been completed, describe how the program is addressing each of the recommendations made in the final evaluation. You may reference the section of the DIP that addresses each recommendation.

2. Report of baseline assessments: Include a description of methods, and copies of questionnaires and other tools used during the baseline assessment.

3. Agreements: Memorandums of Understanding, agreements, or Terms of References signed with other organizations.

4. Resumes/CVs of key PVO staff (if changed from application).

5. Proposed Guidelines for Midterm and Final Evaluations
If you would like to make changes to the BHR/PVC guidelines to evaluate your specific program, outline the changes in the monitoring and evaluation section of the DIP and attach the modified guidelines in this annex.

6. Other annexes (as necessary)
Maps
Treatment protocols
A print out of the CATCH summary data

ATTACHMENT A

a) Sample Matrix of Goal, Results, Intermediate Results, and Selected Program Objectives

GOAL:
Sustained reduction in under-five and maternal mortality

Result 1	**Result 2**	**Result 3**
Increased **use of key health services** and **practices at the family level**	Improved **capacity** of District health services to support local women health workers	**Sustained delivery** of selected CS services by local level health workers
Indicators: • Episodes of ……treated per child per year though all facilities • % increase in CHW contacts for …….	• % trained CHWs have adequate stocks of …… • % facilities submit quarterly reports of CHWs correctly • % health posts with …. Supplies • % facilities submit logistics management correctly	• # of episodes of …… treated per child per year through CHWs remains stable • # of CHW contacts for …… remains stable

Intermediate Result 1	**Intermediate Result 2**	**Intermediate Result 3**
Increased **availability** of selected maternal and child survival services	Improved **quality** of health services	Increased **caretaker knowledge and practice** of selected M/C survival issues
Indicators: • Case management available through CHW trained in…..	• % trained CHWs correctly assess, treat and counsel for …. • % trained CHWs competent in….. • Improved quality of services from community perspectives	% of caretaker knowledge of: • signs of illness • care seeking referral • rules of home care

Sample worksheet of Activities by Stakeholder levels:

ACTIVITIES by LEVELS

List the activities that will be implemented by the various levels for each Result and intermediate result.

GOAL:
Sustained reduction in U5 & maternal mortality

	R- 1 Increased **use of key health services** and **practice at family level**	**R-2** Improved **capacity** of District health services to support local women health workers	**R- 3** **Sustained delivery** of selected CS services by CHWs
Illustrative Levels:			
HOUSEHOLD			
COMMUNITY			
Health Facility			
District MOH			
Regional MOH			
National MOH			

ATTACHMENT B

b) SAMPLE MATRIX: *See TRMs under Monitoring and Evaluation for definitions.*

Program GOAL:_____

Objectives	**Indicators**	**Measurement method**	**Major Activities**
Objective #1	Indicator Indicator Indicator	Measurement method	Activity Activity Activity
Objective #2	Indicator Indicator Indicator	Measurement method	Activity Activity Activity
Objective #3	Indicator Indicator Indicator	Measurement method	Activity Activity Activity
Objective #4	Indicator Indicator Indicator	Measurement method	Activity Activity Activity

Include specific **management objectives,** which support the **CS technical objectives:**
These include objectives and indicators for:
1) Capacity-building 2) Training Effectiveness 3) Sustainability.

♦ ***NOTE***: Try to keep objectives comparable to internationally accepted ones. See the Technical Reference Materials for sources on recognized indicators.